

THE CITY OF LYNCHBURG, VIRGINIA

City Hall, 900 Church Street Lynchburg, Virginia 24504 ● (434) 455-3900 FAX ● (434) 845-7630

Zoning & Natural Resources Division

Zoning Official: _____

LETTER OF ZONING APPROVAL

CHECK ONE: Commercial Location Square Footage Residential/Home-Based (* See restrict Contractor (** See additional info requi	ions below)	(For City Use Only) No C.O. Required Zoning District:
LOCATION:		
NAME OF BUSINESS:(If different from Applicant Name)		
TYPE/DESCRIPTION OF BUSINESS:		
NAME OF APPLICANT:		
APPLICANT MAILING ADDRESS:		
PHONE NUMBER:	EMAIL:	
**Contractors Must Complete: Federal ID Number: Total Amount of Construction you will do in Lynchburg this year? \$	_	
*Restrictions for Residential/Home-Based Business: No Employees, customers or clients coming to premises;No advertising or display signs on premises;No storage of supplies, equipment on premises. This Zoning Approval: Shall not be construed as authority to violate, cancel or set aside any other applicable Codes or Ordinances in the City of Lynchburg. Shall not be construed as a Business License as required by the City of Lynchburg, Commissioner of the Revenue. May be revoked if any of the City Zoning Ordinances or City Code Ordinances are violated.		
I will adhere to all City Zoning and City Code Ordinances:		
Applicant Signature:		Date:
This Letter of Approval shall not supersede any final building inspections required for occupancy.		

_____ Date: _